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CONFIRMATION NO. 6680

|  |   |  |   |  |                               |                                    |
|--|---|--|---|--|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/578,255   | <b>FILING or 371(c)<br/>DATE</b><br>05/04/2006<br><b>RULE</b>   | <b>CLASS</b><br>433                                      | <b>GROUP ART UNIT</b><br>3732   | <b>ATTORNEY DOCKET<br/>NO.</b><br>127927 |                               |                                    |
| <b>APPLICANTS</b><br>Nigel Stephen Workman, Bristol, UNITED KINGDOM;<br>Brian Timothy Brothers, Bristol, UNITED KINGDOM;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/GB04/05064 12/01/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0328239.9 12/05/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/17/2007 |   |  |   |  |                               |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/HEIDI M BASHAW/</u><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>UNITED<br>KINGDOM  | <b>SHEETS<br/>DRAWINGS</b><br>2          | <b>TOTAL<br/>CLAIMS</b><br>11 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>OLIFF & BERRIDGE, PLC<br>P.O. BOX 320850<br>ALEXANDRIA, VA 22320-4850<br>UNITED STATES   |   |  |   |  |                               |                                    |
| <b>TITLE</b><br>Manufacture of dental prostheses   |   |  |   |  |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                               |                                    |